SERIAL NO. FILING DATE **CLAIMS ONLY** CLAIMS AFTER 181 AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. DEP. DEP. IND. DEP. IND. .12 TOTAL IND. TOTAL IND. **_** TOTAL .DEP. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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